	E BOARD OF HEALTH  State File No. / A
L BELOD OD DIDWIT	VITAL STATISTICS RTIPICATE OF BIRTH Registered No
County Sila	State Aug
District or Township	or Village.
City Man No (If birth	St. Ward occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Elisa Irarra	If child is not yet named, make aupplemental report, as directed.
3. Sex of Child To be answered ONLY in event of plural births. 5. No., in order of bir	7. Date mor (c - 1926
8. FATHER FATHER Ovarra	14. MOTHER Full maiden name A dela nunes
9. Residence (Usual place of abode)	15 Residence (Usual place of abode)  If non-resident, give place and state.
If non-resident, give place and state.	16 Color or race
11. Age at last birthday. 9 6 (Year	
12. Birthplace (city or place) Shuhuahua	18. Birthplace (city or place) Chuchual (State or country)
(State or country)	19. Occupation
Nature of industry	Nature of industry house Wife
	e and now living 2. 21. Were precautions taken against oph- thalmia neonatorum?
CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was	(Burn) alive or stillborn.)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife).
Given name added from	Lad DAM Con
Month, day, year	May 16,26 6.6 orm
Registrar	Registrar